

## ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE  
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29200 7590 05/24/2006  
 BAXTER HEALTHCARE CORPORATION  
 1 BAXTER PARKWAY  
 DF2-2E  
 DEERFIELD, IL 60015

07/20/2006 MGEBREM2 00000003 021440 10789320

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA FILING DATE  
 03 FC:8001 3.00 DA FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.

10/789,320 02/27/2004 Leo Martis DI-6121 9380

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR DETECTION OF MICROBIAL CONTAMINANTS IN PERITONEAL DIALYSIS  
 SOLUTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/24/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	
FORD, ALLISON M		1651		435-023000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Paula Kelly  
 2 Robert Barrett  
 3 Thomas Basso

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Baxter International Inc.  
 Baxter Healthcare S.A.

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Deerfield, IL USA  
 Zurich, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

Issue Fee  
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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1440 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Paula Kelly

Typed or printed name Paula J.F. Kelly

Date 7-19-06

Registration No. 37,624

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Not Applicable

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U.S. Patent Application No. 10/789,320

Attorney Docket No. CPDI-6121 US

Total number of pages submitted (including this page): 2

1. Original Part B – Fee Transmittal (1 page)

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